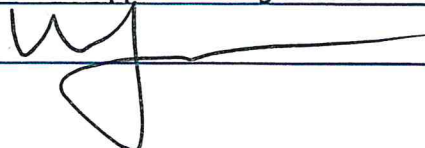
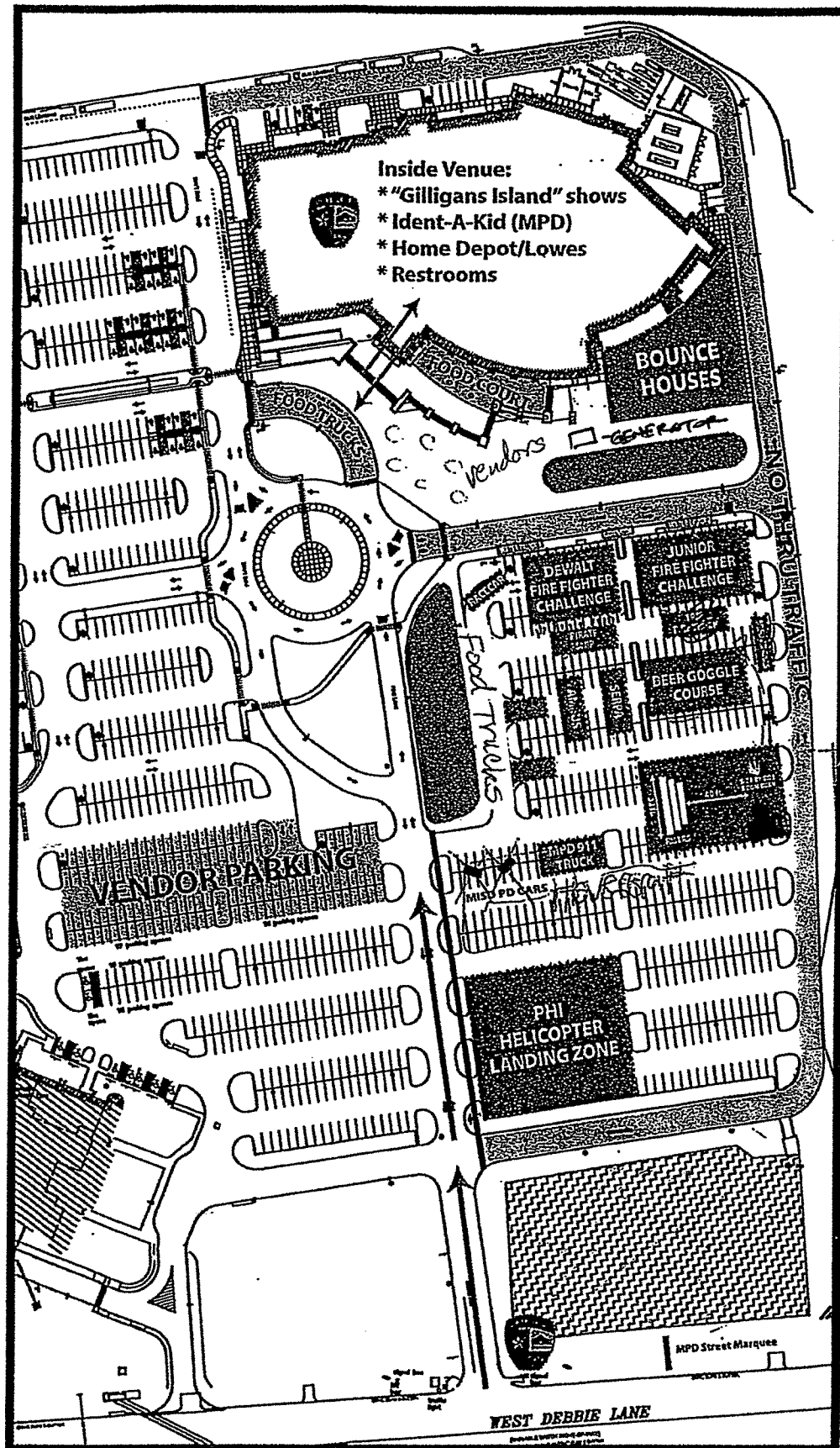


Special Event Application

Organization/Group: MANSFIELD FIRE RESCUE		Date: 8/21/18
Applicant: WESLEY JONES		
Applicant's Address: 1305 E. BROAD ST.		Phone No. 817-216-4790
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up		Email: WES. JONES@MANSFIELD-TX.GOV
Address of Event: 1110 W. DEBBIE LN.		
Description & Activities: MANSFIELD FIRE RESCUE PALOOZA		
Date of Event: SEPT. 6TH 2018		Hours of Event: 10 - 2 PM
Public Invited or Private Party? Public		Estimated Number of Attendees 2-4000
Is the event in a Mansfield Park? NO		*If yes, Insurance is required
Do you plan to Temporarily Close a Public Street? NO		*If yes, Insurance is required
Is the event on Private Property other than your own? YES		*If yes, signed permission is required
Will there be any new or temporary electric lines installed? NO		
*If yes, a registered Electrician must obtain a permit. Indicate the line locations on the site plan.		
Will you be using generators? YES		*If yes, show location on the site plan
Do you plan to have any Tents? NO		*If yes, a separate permit is required.
Do you plan to have any pop-up canopies? YES		
Do you plan to have any Promotional Signs? (banners, streamers, balloons) NO		*If yes, a separate permit is required
City of Mansfield Assistance Requested: NO		
Barricades/ Street Closure? NO		*If yes, show on site plan where you want to have barricades. A resident roster must be submitted for a block party.
Police/Traffic Control/Security? NO		*If yes, attach an explanation and the name of the person you are working with
<p style="text-align: center;">Please Read and Include the Following Information With This Application</p> <ul style="list-style-type: none"> For all outdoor activities, a site plan must be attached. One can be provided if requested. You need to show where all items will be located on the site plan. If Insurance is required, the City of Mansfield must be listed as "Additional Insured". All documents must be turned in at the same time. Please allow enough time for review and approval before the date of your event. 		
Applicant's Printed Name:		Applicant's Signature:
WESLEY JONES		

Mansfield Fire Safety Palooza



Parking/Exterior Site Plan



Certificate of Coverage

COPY

TMLIRP Contract Number: 3967	Member: Mansfield Ms. Alma Roden Legal 1200 E Broad St Mansfield, Texas 76063-1702	Company Affording Coverage: Texas Municipal League Intergovernmental Risk Pool (TMLIRP) PO Box 149194 Austin, TX 78714-9194 (512) 491-2300 or (800) 537-6655 Fax: (512) 491-2404
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Certificate Holder: Mansfield Independent School District 605 E. Broad St. Mansfield, TX 76063
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This is to certify that the coverages listed below have been provided to the member and are in effect at this time. Notwithstanding any requirements, terms, or conditions of any other contract or agreement with respect to which this certificate may be issued or may pertain, the coverage afforded by TMLIRP described herein is subject only to the terms, exclusions and additions of TMLIRP's coverage contracts between TMLIRP and its member(s).
Coverage is continuous until canceled.

General Liability Effective Date: 10/1/2017 Anniversary Date: 10/1/2018 Limits of Liability (Each Occurrence): \$2,000,000 Sudden Events Involving Pollution (Each Occurrence): \$2,000,000 Annual Aggregate: \$4,000,000 Deductible per Occurrence: \$10,000	Real & Personal Property Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____																								
Law Enforcement Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Occurrence): _____ Annual Aggregate: _____ Deductible per Occurrence: _____	Mobile Equipment Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____																								
Errors and Omissions Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Wrongful Act): _____ Annual Aggregate: _____ Deductible per Occurrence: _____	Boiler & Machinery - Broad Form Effective Date: _____ Anniversary Date: _____ Per Accident Limit: _____ Deductible per Occurrence: _____																								
Auto Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Occurrence): _____ Deductible per Occurrence: _____	<table border="1"><thead><tr><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>Mortgagee</td><td></td><td></td></tr><tr><td>Loss Payee</td><td></td><td></td></tr><tr><td>Loan Number:</td><td></td><td></td></tr></tbody></table>		Yes	No	Mortgagee			Loss Payee			Loan Number:														
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Loss Payee																									
Loan Number:																									
Auto Physical Damage Effective Date: _____ Anniversary Date: _____ Limits of Liability: _____ Collision Deductible: _____ Comprehensive Deductible: _____	<table border="1"><thead><tr><th>Year/Make/Model</th><th>VIN</th><th>Value</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>	Year/Make/Model	VIN	Value																					
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	Loan Number:																								

DESCRIPTION:
Evidence of coverage for use of Mansfield ISD property by the City of Mansfield for special events.

Cancellation: Should any of the above described coverages be canceled before the anniversary date thereof, TMLIRP will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon TMLIRP.

Authorized Representative: Jonathan Summey

Date Issued: 8/3/2017

X102
2/10/2015

INDEMNIFICATION UNDER CONTRACT

This endorsement forms a part of the **Declarations** to which attached, effective on the inception date of the coverage unless otherwise stated herein, and clarifies such coverage as is afforded by the provisions of the coverage shown below:

- ☒ **GENERAL LIABILITY**
- ☐ **AUTOMOBILE LIABILITY**
- ☐ **LAW ENFORCEMENT LIABILITY**
- ☐ **AIRPORT (GENERAL LIABILITY
HAZARDS) PREMISES LIABILITY**

Entity Name : Mansfield
Entity ID : 3967
Effective Date : 10/1/17

It is agreed that coverage is provided for the liability assumed by the **Fund Member** to indemnify the person or organization named below under a contract between such person or organization and the **Fund Member**, but such coverage shall not exceed the limits of coverage set forth in the **Declarations**.

Person or Organization : Mansfield Independent School District
Address : 605 East Broad Street
City, State & Zip Code : Mansfield, TX 76063

Description

Evidence of Coverage for use of Mansfield ISD property by the City of Mansfield for special events.

TEXAS MUNICIPAL LEAGUE INTERGOVERNMENTAL RISK POOL

PERMISSION TO USE PRIVATE PROPERTY FOR SPECIAL EVENT

(Required if this is not your property or business location)

I, the undersigned, being the property owner or property management representative of the owner for the property described herein below, do grant

MANSFIELD FIRE RESCUE

(Person, group or business name)

permission to have their special event on said property.

Property address: 1110 W. DEBBIE LN.

Please check all that apply:

- ☒ Entire Special Event, including all activities listed, are approved be held at this location.
- ☐ Approved for overflow parking and/or shuttle area to be held at this location.
- ☐ Approved to place promotional signage at this location, if the required permit is obtained. (I am aware this will use up one of the three (3) times a calendar year maximum for this location)
- ☐ Approved to place a Tent(s) and/or canopy for the event. (Note: a Tent requires a permit)
- ☒ Approved to place Bounce Houses, Petting Zoo, Children's Games and/or Kid's activities
- ☐ Misc. Approved: _____


Signature

Christopher Bryant / coordinator
Printed Name/ Job Title

1110 Wat Debbie Lane, Mansfield 76063
Mailing Address

817-299-1250
Contact Phone Number